Recertification Report - CARF Accredited Organization

Provider Name		Provider Number	Begin Cert Date	End Cert Date	
MOUNTAIN REGIONA	MOUNTAIN REGIONAL SERVICES, INC.		1962573782	11/30/2008	11/30/2009
Organizational Practices	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Recommendation (Systemic)	The case managers in Evanston do not have certifications as a matter of practice in the HR files for CPR/First Aid. There was one ISC in Cheyenne who did not have evidence of current certification in the HR file, but had evidence the class was attended through the training office. For both sites, case managers are not receiving participant specific training for plans of care they have not written. One direct care staff did not have a background check completed after a rehire within a calendar year.	Yes	9/24/2008
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Suggestion	When the Division's DD general training is made available on DVD, ensure all staff required have completed the training modules with documentation. (Providers can use the Division's training or create similar training for each required topic.)	No	
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	In-compliance	Both sites have systems in place for training direct care staff with organized HR records. No trends or concerns were found.	No	

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Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Recommendation (Focused)	The provider has written guidelines and policies in place for the use of the quiet room. However, through interviewing four direct care staff there were concerns identified with the understanding and explanation of the use of seclusion. While the surveyors did not observe any uses of seclusion, the provider needs to ensure that all staff accurately understand and implement the use of the quiet rooms through their training.	No	10/3/2008
Emergency Drills (CARF 1.E.)	Recommendation (Systemic)	Neither Day Hab sites are conducting a variety of drills according to the provider's emergency plans. Cheyenne and Evanston RH sites are conducting 3-5 emergency drills at the monthly house meetings. They are also documenting the duration from 2-5 minutes which does not adequately provide evidence for staff and participant training. In the sample of homes reviewed, AM or PM was not consistently documented, which does not reflect the requirement of completing drills for all shifts.	Yes	9/24/2008
Emergency Procedures during Transportation (CARF 1.E.)	Suggestion	A best practice is to have current emergency information forms for participants to be immediately available for direct care staff to give to emergency responders. The provider is suggested to have a easily and immediately accessible "grab and go" for participants during transportation, while ensuring confidentiality of handling participants' information.	No	
Internal Inspections (CARF 1.E.)	Recommendation (Focused)	The Evanston site completed the required internal inspections, however five of twelve inspections reviewed did not have the required documentation of completed follow up. There were no concerns found with the Cheyenne site.	Yes	9/24/2008

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Internal Inspections (CARF 1.E.)	Suggestion	The Cheyenne site allows for work orders to go to the maintenance staff through voice mail. The provider should ensure all work orders are documented with follow-up completed. Also, there are years of documentation being stored in one file for each house. A best practice is to regularly archive to ensure organization and efficiency.	No	
External Inspections (CARF 1.E.)	In-compliance	Eleven of eleven sites reviewed had the required inspections completed, including the required documentation of follow-up, when appropriate.	No	
Progress made on prior DDD Survey recommendations	In-compliance	The provider has continued to make progress with many of the recommendations from the prior survey, except otherwise noted in this report.	No	
Progress made on prior CARF Survey recommendations	In-compliance	The provider has continued to make progress with many of the recommendations from the prior survey, except otherwise noted in this report.	No	
Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	Recommendation (Systemic)	The provider's policy has many of the required components of the Division's notification of incident reporting, however does not have two of the required categories and is using some of the outdated categories. The policy also must indicated that the required parties to be notified be immediately after health and safety is assured. Only eight of twenty staff interviewed were able to demonstrate functional knowledge of the Division's requirements for notification of incident reporting.	No	10/3/2008
Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	Recommendation (Systemic)	The provider has internal incident forms but neither site has a systematized written formal procedure for the internal incident process. If sites are going to have different forms or processes, a best practice is to have written procedures that reflect such for each site's direct care staff to be able to reference.	No	10/3/2008
Complaint and Grievance (CARF 1.D.)	In-compliance	No concerns were found with the provider's policy.	No	

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Rights of Participants (Wyoming Medicaid rules, Chapters 45, Section 26, CARF Section 1)	Recommendation (Systemic)	No concerns were found with the provider's policy. For both sites, a total of eleven of twenty staff were able to demonstrate functional knowledge of the rights restrictions of the participants they serve.	Yes	9/24/2008
Behavior Plans (Chapter 45, Section 29)	In-compliance	The organization has two systems in place for review and analysis in compliance with the rules.	No	
Restraint standards (Chapter 45, Section28)	In-compliance	The current restraint policy is in compliance with the rules.	No	
Restraint standards (Chapter 45, Section28)	Recommendation (Focused)	The provider gave evidence of meeting the restraint standards for follow up after physical interventions were used. A best practice is to have a written systematized process that is formalized for the responsible staff in data collection, analysis, and electronic record keeping. The four areas required in the provider's information system are: (i) analysis of pattern of use (ii) history of use by personnel (iii) environmental contributing factors (iv) assessment of program design contributing factors. This should be consistently included for all service locations for the agency.	No	10/3/2008
Transportation Requirements (CARF 1.E.9)	Recommendation (Systemic)	No concerning trends were identified for the vehicles at the Cheyenne site. Evanston- Vehicle #476- Had a rear passenger tire defect. Vehicle #443- Contained non-viable first aid supplies. Vehicle #183- Contained an expired first aid kit. License plate #204A – Area on the hood had jagged metal edges. License plate # 598 – Per staff report when the vehicle is placed in park it lunges forward significantly, and at other times the muffler falls off. Multiple cracks in the front windshield were observed. Rear wiper blades were inoperable.	Yes	9/24/2008

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	Date QIP Due
	10/3/2008
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	Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	Recommendation (Focused)	Participant #10- White out was used on a case management note for time in and out, February 2008. The documentation standards set by the Division and Medicaid must be followed for all documentation that supports billing.	No	10/3/2008
	Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	Suggestion	For both sites, direct care staff are initialing service days when participants are on home visits or other leaves of absence. The best practice is to clearly indicate one time for these days, ensuring staff are not predocumenting, and ensuring there is no misunderstanding in billing due to this practice.	No	
	Other rule or standard, Health & Safety (CARF 1.H.1)	Recommendation (Focused)	During times of full restriction, Participant #9 is being restricted from snacks per the Behavior Plan, however, is not having these calories compensated per the medical dietary orders.	Yes	9/24/2008
r c r 4	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Case manager monthly/quarterly documentation meets requirements of Chapters 41, 42 and 43, and DD rule, Chapter 1	In-compliance	For both sites ten of ten files reviewed met the minimum sixty minutes, a home visit, visiting other services sites, documenting contact with guardians, and identifying concerns.	No	
	Case manager monthly/quarterly documentation meets requirements of Chapters 41, 42 and 43, and DD rule, Chapter 1	Suggestion	The ISC provider is doing a lot of additional services, observations, and meetings that may not be fully reflected in the documentation. The provider is encouraged to be more thorough in the narrative documentation that supports the depth and breadth of ISC services. The Division has created a new ISC monthly/quarterly that can be used as a sample for additional documentation ideas.	No	

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	Team meeting notes (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	Nine of nine of the files reviewed had evidence of the required team meeting notes.	No	
	Development and Tracking of Objectives (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	The ISC provider has a system in place for monitoring and reviewing objectives.	No	
	Monitoring implementation of the IPC (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	Ten of ten files reviewed gave evidence of monitoring the plans of care.	No	
	Monitoring implementation of the IPC (Chapters 41, 42, and 43 and DD rule, Chapter 1)	Recommendation (Focused)	For Participant #1 the team did not differentiate between the medical and behavioral concerns identified with incontinence that resulted in restrictions.	Yes	9/24/2008
Residential Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	Recommendation (Systemic)	#1 - Crest Park * wood planks over basement egress * confidential information displayed on fridge #2 - Woodcrest * basement bathroom had water damage and mold problems * upstairs bathroom had damaged sealant around toilet * staff reported not practicing basement egress evacuation #3 - Manhattan * confidential information observable in shredding box in front closet, open and no lock on door * per Fire Marshal report, and new provider policy, lint trap needed regular cleaning and was not during the onsite #4 - Princeton * used band-aid on floor * unsecure oxygen tank * unsecure IPC on table in front room, staff	Yes	9/24/2008

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Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	Recommendation (Systemic)	indicated that should have not been out at the time * soiled undergarment in upstairs bathroom under sink #5 - County Rd. * the plexiglass is not sealing out environment and bugs * water damage to ceiling in rear * exposed light sockets without bulbs * cluttered storage areas * flooring was worn #6 - High Ridge * common room in basement was cluttered with furniture and clothes * basement walls had multiple scuffs, chipped paint and unpainted patches * upstairs master bath did not have a toilet paper holder or supplies * trash overflowing in kitchen * trash on backporch with cigarette butts overflowing * a large number of flies * master bathroom upstairs has water damage with wood trim and wall damage #7 Herschler * address not visible * staff reported not practicing basement egress evacuation * fruit was stored directly on the floor of the laundry room * an extension cord that was in use was hanging from the basement ceiling * strong mildew odor in the basement bathroom and laundry room #8 Independence * living room and stairway carpet severely stained and odorous * furniture in poor condition * cabinets in kitchen are in ill repair. Drawer fronts	⁄es	9/24/2008
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9	Recommendation (Systemic)	falling off, difficult to pull out, or handles missing. * kitchen table damage is unsanitary and laceration hazzard * one basement bedroom is unkempt and potential health and safety hazard #9 Alpine * per fire inspection 10/23/2007, air conditioning unit should not be placed in egress window and was present during survey observation * participant's bedroom adjoining bathroom has a loose floorboard that presents tripping hazard. #10 Sunset * flooring next to front door is separating from threshold.	Yes	9/24/2008
Organization meets CARF Standards on Community Housing (CARF Section 4.J)	In-compliance	Many of the identified concerns from the prior survey have been improved on. Per participant report and surveyor observations more of the homes visited included decor per individual taste, increased community integration, and personal choices.	No	
Organization meets CARF Standards on Community Housing (CARF Section 4.J)	Suggestion	In Evanston, three homes identified were lacking in decor per behavior support plan instructions. The Residential Director, ISC, and psychologist are encouraged to discover creative ways to maintain health and safety of participants while still promoting choice, individualized preferences and the dignity of personal room decorations, even during times of restriction.	No	
Organization meets CARF Standards on Community Housing (CARF Section 4.J)	Commendation	Focused commendation for RH #9 (Alpine): The organization is commended for involving the participants and staff in making environmental improvements related to the decor, comfort, and choice for the inside of the home. Participants expressed satisfaction in these improvements.	No	

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	The organization meets the standards in Chapter 45, section 23)	In-compliance	The agency meets the standards in this area with the exception of where identified elsewhere in this report.	No	
Day Habilitiation, Employment Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	The organization meets the standards for Community Integration (CARF 4.E)	In-compliance	Through observations, interviews and documentation review the provider is meeting this standard.	No	
standards for Commi	The organization meets the standards for Community Integration (CARF 4.E)	Commendation	For the DH in Evanston: The organization is commended for involving the participants and staff in making environmental improvements related to the decor, comfort, and choice for the inside of the facility. Participants expressed satisfaction in these improvements. There was also increased access to computer usage at the facility for participants.	No	
	The organization meets the standards for employment (CARF Section 3 and Chapter 45 Section 23)	In-compliance	The provider has systems in place to connect participants with their vocational goals and local resources. The provider is encouraged to expand all resources and opportunites for participants to obtain community employment.	No	

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	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	Recommendation (Systemic)	For Allegiance Circle in Evanston: * no visible address (CARF 1.H.1.) * unsecured cleaning supplies * unsanitary bathrooms * no smoke detectors * unsecured medications in "changing room" For Evelyn in Cheyenne: * multiple handicap accessible electric door openers that were not functional * interior doors are labeled "emergency exit, alarm will sound"	Yes	9/24/2008
			 * unsecured ant poison * unsecured narcotic medication in group room * handicapped parking spaces being used without handicapped stickers or plates 		
	Organization meets the standards for the service provided (CARF Standards and Medicaid rules)	In-compliance	Provider gave evidence at both locations for meeting the standard.	No	
Other Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Organization maintains a healthy and safe environment (CARF 1.E.10 and WMR Chapter 45, Section 23)	Not Reviewed	This provider does not have a seperate facility that is owned or leased for "other services".	No	
	Organization meets the standards for the service provided (CARF Standards and WMR Chapter 41-45)	Commendation	The Evanston nursing department is commended for their commitment to the wellbeing of their client population as demonstrated by seeking and integrating public health and community healthcare resources to meet the full spectrum of client medical needs beyond the scope of skilled nursing provided within the Waivers.	No	

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Organization meets the standards for the service provided (CARF Standards and WMR Chapter 41-45)	In-compliance	Skilled nursing services delivered were noted to be within accepted practice.	No	

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Note: Providers can dispute a recommendation by submitting a certified letter to the Division within ten business days of receipt of the recertification report. The letter must include the specific recommendation being disputed, information on why the provider does not agree with the recommendation, and supporting documentation.

Date: 9/3/2008